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ORIGINAL DEPARTMENT.

Communications.

Removal of a large portion of the Os Frontis,
and Ossa Parietalia for Caries.

By A. G. WALTER, M. D.

Of Pittsburgh, Pa.

Mrs. Catharine McVay, widow, aged 50 years, of bilious constitution, dark complexion, and nervous temperament, enjoyed good health till within the past twelve years, when, in consequence of abuse from her husband, who threw her down and pulled her about by the hair, a feeling of coldness and uneasiness to the top of the scalp, with frequent giddiness, followed. Two years afterward, a sharp lancinating pain set in, with swelling in the crown of the head, which, gradually increasing, formed a hard tumescence on the top of the head and over the osfrontis. The pain was intermitting, and of different degrees of intensity, undermining her health and augmenting the irritability of her temper. Two years ago she accidentally struck her head against a door. The pain in consequence was such as to cause fainting. Since then her sufferings have been beyond endurance. Slight intermissions through the day were followed by increase of pain at night. The whole crown of the head was found swollen, as well as the os frontis, above the glabella nasi, from interstitial deposit and osseous hypertrophy. The scalp was very tender to the touch, and swollen, as well as the eyelids. Her stomach did not sympathize with the head affection, though the bowels were obstinately constive. Decided relief was obtained by two large incisions over the ossa parietalia, from before backward, 1½ inches apart, down to the calvaria, which were kept open by peas for

many months, during which time the cephalæ had entirely disappeared, her health visibly improved, the patient indulging in the hope of complete recovery. The swelling of the scalp gradually subsided. A small piece of the external table of the right parietal bone having exfoliated, the patient, careless in her dressings, allowed the wound in the scalp to close. She remained free from pain and in the enjoyment of perfect health for three years, when, after exposure during travelling, some two months ago, the top of the scalp, the seat of the previous swelling, again inflamed, and became painful. One of the scars, the result of a former incision, opened spontaneously, discharging some offensive pus, but with evident relief to the headache. A probe being introduced into the fistulous opening, discovered the scalp extensively undermined, to the extent of more than four inches, the cranium being denuded of the pericranium, and carious, with honeycomb perforations. The fistulous opening being enlarged, matter was seen exuding from the perforated skull, undulating with the impulse of the cerebral circulation. The headache had again become intense in paroxysms, aggravated at night, though less in intensity than on former occasions. She soon became emaciated, lost her appetite, her pulse being quick and irritable. Her menses had not appeared for four years past. There was no syphilitic taint discoverable. Removal of the whole carious portion of the skull offering the only probable and permanent relief to the patient, trepanation was determined upon, the amount of the diseased cranium, though very large, not being considered an objection to ultimate success.

On Feb. 3, 1858, assisted by Drs. Ackenbach and McGrath, a large incision (5 inches

in extent) was made over the top of the head through the former cut and down over the os frontis, which was crossed by another to the same extent. The flaps were then reflected by dissection. The calvaria was found almost denuded of pericranium, and perforated by numerous carious openings, through which matter exuded, pulsating synchronously with the beat of the heart. A probe introduced into those cloacæ discovered caries of the internal table of the skull; three large trephines were applied at the first sitting, and the skull included in them removed, which was found greatly hypertrophied, making the resection a rather tedious proceeding. The dura mater now exposed, showed extensive disorganization and thickening, being covered with a thick, soft, pulpy, dirty looking membrane, and with matter, which was exuding around the opening, even from below the os frontis. The operation being protracted on account of the hypertrophied and ebony like condition of the skull between the carious portions, and anaesthesia not having been induced, for fear of bad results, no more of the diseased skull was removed at present, fearing to disturb the cerebral circulation by taking off too suddenly such an amount of the natural pressure, which the bony vault had offered to the brain. There was very little bleeding, the patient evincing not much uneasiness during the operation. The wound being cleared of the fungous mass lining the dura mater and of blood, the flaps of the scalp were laid back and covered with a linseed poultice. But slight reaction followed, sleep was natural, the pulse lost its quickness and irritability, being reduced to 80 or 90 beats. The periostitis swelling of the os frontis, so conspicuous before the operation, gradually disappeared. For some days the condition of the patient was very satisfactory, when an erysipelatous swelling of the forehead, bridge of the nose, cheeks and eyelids appeared, which also subsided; the wound of the scalp mattering duly and kindly, the dura mater becoming covered with healthy granulations. Headache too had disappeared. There was entire absence of fever, all organs acting naturally. Habitual

costiveness however had to be occasionally relieved. A simple linseed poultice constituted the only dressing to the head. About two weeks after the operation a small abscess formed over the middle of the os frontis, which on being opened showed the bone beneath extensively carious. Exfoliation of pieces of the skull around the trephined openings having taken place, two more trephines were applied again far beyond the diseased portion of the cranium, which was found carious on its inner table, and hypertrophied between the carious portions. The reparative process by plastic exudation and agglutination of the edges of the scalp to the dura mater having been very active, part of the flaps had to be reflected again by dissection before the second trephining. No reaction following the second operation, the dura mater on the top of the head was exposed by the retraction of the flaps of the scalp, but cicatrized kindly. Two weeks later, two other pieces were removed by the trephine, the intervening portions of the skull between the trephined holes being resected by a fine saw. One trephine was applied to the middle of the os frontis over a fistulous opening leading into the left frontal sinus, and the skull removed, which was thickened and hardened. Two more were applied over the vertex. All the carious skull had thus been resected, the excisions having been carried into the healthy structure of the skull. The wound of the scalp, covered with linseed poultices, was left to itself. Retraction of the edges of the scalp and their speedy adhesion to the dura mater was remarkable, cicatrization going on uninterruptedly. All pain now ceased. The patient walking about with comfort. The top of the head having perfectly cicatrized, a fistulous opening only remaining over the forehead, from which in the middle of May a large piece of bone exfoliated, after which the fistula soon closed. The wound being perfectly healed, a few weeks after, the cicatrix showed an unusual degree of firmness, the undulating motion of the brain not being any longer perceptible. The patient freed from the distressing headache, and in the enjoyment of excellent health, son-

after left our hospital, and some months later, this city.

The happy result of the foregoing case in the absence of all risk to the functions of the brain, after the removal of such an extensive portion of the skull (near five inches in diameter) and in the absence of all undue febrile excitement and irritation, is but another instance of the great powers of Nature, which she is daily disclosing. Being amply able to heal and repair ailments and injuries by her own wise and wonderful resources, only needs the surgeon's assistance to free her from those extraneous and irritating agencies which prevent her from unfolding and accomplishing her curative desires and actions.

A Case of Dyspepsia cured with Strychnia.

By O. C. GIBBS, M. D.,
of Prewsburg, N. Y.

There are but few diseases more annoying to the physician than dyspepsia. The results of medication are often quite unsatisfactory to the physician, and doubly so to the hypochondriac patient. The cause of the disease is often to be found in the sufferer's habits of life or mode of living, which, as is too often the case, he is either unwilling or has not the fortitude to change. If out-door exercise or manual labor is advised, instead of following the judicious prescriptions, he wonders at the obtuseness of intellect that cannot better understand his case, and changes physicians. Medicines he will have, however unwise selected or unadapted to his case.

In our experience, we have found it a matter of necessity to so regulate the functions and mitigate the symptoms as to awaken the energy and ambition of the patient before proper rules of exercise, so important for the physical and mental welfare of the patient, can be enforced. Hence, all that concerns the therapeutics of this affection are matters of interest, and any fact, however isolate in character or limited in range, is by no means unworthy of record. It is in view of this last fact that we report the following case :

In May, 1859, we were called to see Mr. K—, aged about 40 years. He had been

ailing for about two years ; was now considerably emaciated ; his skin dry and sallow ; his tongue furred, and bowels costive. He was greatly discouraged, irritable in temper, melancholy, and desponding ; his appetite was capricious ; his sleep disturbed, irregular and unrefreshing. He had been under treatment most of the time since his illness commenced. Regulars, homeopaths, eclectics, and all the traveling physicians that had perambulated the country in the time, had all had an opportunity to try their skill upon him. He seemed the worse for their attentions, and succeeding months only added to the amount and complication of his sufferings. For the last six months he had been in the habit of taking physic every other day. He had great faith in the purgative process, and supposed he could not live long without cathartics. That greatly abused organ, the liver, was supposed to be the disturber of his peace, and the cause of all his sufferings. The *Regular* besieged it with calomel and blue pill until the general health suffered, but the disease refused to capitulate. The *Homeopath* tried to coax the offender from his strong hold with sugared mercurialis, but all to no purpose. The *Eclectic* fired his big guns, loaded with leptadrin and podophyllum peltatum with no better effect. Now the blood was supposed to be in fault, and the great purgative purifiers were put in requisition.

We informed the patient we would undertake his case only on condition, that he would follow our directions to the letter, and take, during the time, no other medicines. To this he consented. We ordered nitro-muriatic acid, in four drop doses in cinnamon water, three times a day, and Prof. Mettauer's aperient solution, in teaspoonful doses, three times a day ; the dose of the last article to be increased or diminished, as necessary to secure simply one alvine evacuation daily. This treatment was continued for ten days with slight improvement. We now ordered the following :

R. Quinine sulph.	gr. xx.
Bismuth. subnit.	3 jss. M.

Divide into twelve powders, and take one three times a day.

R. Sp. ammon. arom.
Tr. cardam. co. aa, f. $\frac{3}{4}$ ij. M.
A teaspoonful three times a day.

This treatment was continued for two weeks, with improvement of some of the distressing symptoms in the gastric region. The bowels were obstinately costive, and would not move once a week, unless in response to active cathartics.

Thinking now that the fault of the system consisted in a defect of nervous energy supplied to the organs of digestion and assimilation, we ordered strychnia, in one sixteenth of a grain dose, three times a day; the mixture of ammonia and tincture of cardamoms to be continued. At the end of a week the patient said he felt better than he had done in a year, and was satisfied the last prescription was exactly what he needed—(we had not informed him of its nature.) The bowels were regular, and the mind cheerful and hopeful. We have several times observed this mental change under the administration of strychnia. The treatment was continued about four weeks longer, when the patient was discharged, cured. He is now in good health and flesh, and is daily employed in active farm labor.

Similar, in one or two points, to the above case is another which we have now under treatment. The patient is a female, aged 47 years, and has been troubled with costiveness for twelve years. She is quite thin, and looks like one addicted to the use of opium, but is free from that habit. She has been taking strychnia for two weeks, and to-day informs us that she has derived more benefit from this prescription than from anything else she has ever taken. Her bowels are now quite regular, though she has not taken any laxative medicine since she commenced the use of the strychnia.

We have several times previously derived the happiest effects from strychnine in certain forms of costiveness.

That this article of medicine will always act as favorable as in the case reported, is not to be expected. But, if it will act curatively in one case in ten, or will mitigate, with any regularity, any of the distressing symptoms, it

will prove a valuable addition to our long list of remedies in such cases. We think it is certainly worthy of further trials.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

OCTOBER 22D.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Bronchitis.—This patient—a female, forty-five years of age—had been exposed in washing, five weeks ago, to a drenching rain; had cough and fever, and grew worse and worse for two weeks, when she was admitted to the Hospital. She came in in a very exhausted and desponding condition, with severe dyspnoea, rapid respiration, mucopurulent expectoration, rapid, soft pulse and furrowed tongue, with dry râles over the chest, and with mucous and sub-crepitant râles over the lower two-thirds of the back. The percussion was nearly natural; there was very slight dullness over the lower part of the back, dependent, no doubt, on the congestion and imperfect expansion of the lung-tissue, caused by capillary bronchitis.

Treatment.—Decoction of Seneca snake-root was ordered, a table spoonful every two hours; this was not well borne by the stomach, and was put aside. Syrup of tolu and solution of morphia, equal parts, was substituted, and a teaspoonful given at first every two, and then every four hours. On the third day, as the tongue was dry and red, oil of turpentine, ten drops in emulsion was given every four hours, alternately with the tolu mixture, and a blister was applied over the front of the chest. A wine-glass of wine-whey was ordered every four hours. On the fourth day of this treatment she scarcely coughed at all. Her breathing is now much better. Percussion over the back is natural; there is still in the back a slight amount of sub-crepitant rhoncus, but a perfectly good, strong vesicular respiration under the clavicles. She is still upon the oil of turpentine, and has punch and a good nutritious diet.

Dr. M. remarked that he had treated this patient more for her general state than for the local disease. If he had employed tartar emetic, low diet, cupping, etc.—the usual remedies for the early stages of her disease,—she would, in all probability, have sunk and died. Often we were obliged, in a measure, to set aside the ordinary treatment for the local disease, and give stimulants and tonics for the constitutional or general condition.

Rheumatic Gout.—The attention of the class was called to the joints of the fingers and wrists, and to the knees of this patient, a woman 40 years of age. They were in a state of chronic inflammation induced by living in a damp house. These joints were deformed and distended by the synovial fluid. The knees were very much swollen, bulging internally, elastic to the touch, bluish in color, not painful upon pressure, but very much so upon any attempt at exercise. The ankles were also affected. There was as yet no hardness—no chalky depositions in the swollen joints. Her disease was what is called by Fuller, hybrid rheumatism, or rheumatic gout.

Treatment.—She was taking ten grains of phosphate of ammonia and a table spoonful of cod-liver oil three times a day. To relieve insomnia, from which she suffered much, and which was both a very painful and a very wearing and injurious symptom in any disease, five grains of Dover's powder were given at night. She had decidedly improved since her admission into the hospital, five weeks and a half ago. The condition of her chest and heart was good. He had urged her to take gentle exercise. Standing and walking were both painful, but she was able now to hobble around the ward upon crutches.

Her urine contained an excess of phosphates; its sp. grav. was 1020. No albumen, nor casts of any kind, had been discovered in the urine, though it had been carefully examined.

Constitutional Syphilis.—This patient came in on the 10th of October, with sore throat, pain in his left ear, rheumatic pains aggravated at night, ozena, loss of appetite, and general debility. He also had ulcerating tubercles upon the face. He has had a chancre and bubo, and is now suffering with tertiary syphilis.

Treatment.—Constitutional—bichloride of mercury, 1-24th gr., three times a day, before meals, taken in a wine-glassful of cold infusion of cinchona bark, and iodide of potassium, 5 grs., after meals. Local—for the ozena, Dr. M. had employed the chlorate of potash, which he had seen highly recommended in a foreign journal as a corrective of the seborrœa, and a very excellent remedy in curing the disease:

R Potassæ chlorat. 3*i.*

Aqua destil. f. 3*iv.*

to be snuffed up the nose from the hand of the patient several times a day. For the otitis, leeches had been applied in front of the meatus. The patient had greatly improved.

OCTOBER 26TH.

Post Mortem Specimens.—These specimens were

7*

taken from a subject who had died suddenly of *Dælirium Tremens*. The patient had been very ill with the disease for two days, when he improved so much as to give good hope of recovery. He regained his intelligence, slept well for some time, and progressed favorably for about thirty-six hours, when, suddenly, twenty minutes after he had asked some questions about his food, he expired.

The patient had been treated according to the stimulant plan, as followed in this hospital. The pathology of the disease, Dr. M. remarked, was not well understood, and its treatment not well settled.

The brain was healthy,—the membranes showing no traces of inflammation. The sinuses were much engorged with dark blood,—the lungs natural.

The liver was softened and pale; it was in an advanced condition of fatty degeneration.

The kidneys were congested.

The stomach was thickened and inflamed, but not ulcerated.

The heart was large, but exhibited no signs of acute inflammatory disease. In the right cavities was found what Dr. M. believed to be the cause of the sudden death. A large clot occupied the right auriculo-ventricular opening. This clot, as seen in the auricle, was as large as a small walnut. It was blackish in color on the outside to a small depth, but in its interior was whitish and very firm. It projected into the ventricle a full inch and a-half beyond the edges of the tricuspid valves, was very solid, and quite whitish in color. It adhered strongly to the curtains of the valves, to the chordæ tendineæ, and to portions of the columnæ carnae. So much did this concretion block the orifice in which it had formed, that water poured into the right auricle passed very slowly indeed into the ventricle, and until a careful search was made, it was difficult to see what passage had remained during life for the transmission of blood from the auricle to the ventricle. The tenacity with which it clung to the edges of the valves and neighboring parts, was such that several of the chordæ tendineæ were broken in an attempt to dislodge it. There was a small, cylindrical, whitish coagulum in the orifice of the pulmonary artery. In the left side of the heart was found only a very small fibrinous clot.

Dr. M. said he had no doubt the clot here exhibited was the cause of the sudden death. There was no other condition revealed by the autopsy capable of explaining the instant extinction of life, after a complete recovery from the violent symptoms of the disease. That the coagulum had been formed some time before death there could be no reasonable doubt. It was an *ante-mortem* clot. This was proved by its great solidity; by its remarkable paleness of tint, showing that the fibrine had been

whipped clear of all red globules; by its large size; and lastly, and most conclusively of all, by the tenacity with which it clung to the curtains of the valves, to the chordæ tendinæ, and to the columnæ carneæ.

Dr. M. asked whether the formation of such clots might not more frequently than was generally supposed, explain the occurrence of sudden death in this disease,—deaths which occurred without warning, unexpectedly, and without the possibility, in many cases, of our foreseeing them.

The formation and detachment of clots, and their arrest in some portion of the circulation, to which the term 'embolismus' has been applied, was made the subject of extended remarks by Dr. M., and an interesting and instructive case occurring in his private practice related in detail, the consecutive phenomena of which could only be explained by assuming the occurrence of this accident.

Percussion and auscultation over the chest revealed nothing wrong. There was no increase of dullness over the heart, but its impulse was decidedly feeble. The sounds of the heart were natural, but indistinct; the first sound was a little shorter than usual.

The abdomen was fuller than natural, owing to enlargement of the liver which had existed three or four months. The tongue was of healthy appearance.

When at rest the patient suffered from no particular distress or inconvenience, beyond a feeling of general debility. Active exertion had become almost impossible to him. Slow walking, especially on a plane surface, was not injurious, but rapid exercise, and the act of mounting a hill or staircase, brought on distressing shortness and labor of breathing. After an effort of this kind, he was often obliged to sit down to rest. The urine had been examined and found to be healthy. The bowels were torpid, but there was no want of bile in the discharges. The appetite was very moderate.

The cause of the physical signs and the rational symptoms in this case was in Dr. M.'s opinion, the existence of fatty degeneration of the heart. This result was arrived at by the method of exclusion, and by the positive signs present; the feebleness of the sounds of the heart, the shortness of the first sound, the feeble impulse, the general debility, and the *arcus senilis* which was well marked in the patient. The latter condition was dependent on a deposit of fat in the interstices of the cornea, and had been found a valuable diagnostic sign of the disease under consideration.

Treatment.—Iron and quinine, good diet, and quiet.

Prognosis unfavorable to ultimate recovery.

The history of the second case was similar in some respects to that of the first. The patient was 60 years old, a negro, cook upon a vessel. He says that six months ago he was perfectly well. This, Dr. M. thought could hardly have been the case, for patients of this class would often go on with the performance of their duties when in a condition entirely unfit for it. He began to ail decidedly two months ago. The prominent and only symptom, as he avers, was debility.

The liver was found to be enlarged, occupying, like that of the last patient, the epigastric and right hypochondriac regions. He, like the last case also, has the *arcus senilis*. He has marked dyspnoea after exercise. His lungs are in good condition.

On examination of the precordial region, it was found that the area of dullness over the heart was somewhat greater than natural, especially in an upward direction, and over the lower and right portions of the sternum, whilst out toward the left nipple it was scarcely greater than usual. The apex beat was very feeble, so that it could be detected with difficulty a little within and below the left nipple. In the epigastrium, just to the left of the xyphoid cartilage, the impulse was much more distinct, though even here not strong, showing that the right ventricle was acting more vigorously than the left. The sounds of the heart at the left nipple, and over the base, were feebler than natural, and the first shorter and weaker than it ought to be in relation to the second. Last above the ensiform cartilage, and toward the left margin of the sternum, the sounds were louder than elsewhere, and the first sound was decidedly roughened, approaching in character to a rasping murmur. This peculiarity was very marked, and the sound had an unusually superficial character. In carrying the examination upward from this point, toward the base of the heart, this roughened sound was lost. There was no unusual pulsation of the large arteries of the neck, nor of the sub-clavians. The brachial arteries, however, were unusually visible, and more tortuous than natural, and, from their want of elasticity to the touch, were probably atheromatous. There was more fullness of the external jugular veins than usual, and occasionally these vessels presented an appearance of pulsation.

Dr. M. concluded, from these symptoms, that the case was one of dilatation, to a moderate extent, of the heart, and especially of the right cavities; that there was regurgitation through the tricuspid valve; and, lastly, that the muscular tissue had undergone a partial fatty degeneration. To describe it in fewer words, the case was one of dilated and weakened heart, with well marked traces of valvular disease. The enlargement of the liver was looked upon as the result of chronic engorgement, caused by impediment in the free discharge of blood from

the right to the left side of the heart. It could scarcely be cancerous, from the absence of hardness to the touch, and of the tesselated projections which usually attend cancer of the liver, and from the fact that the functions of the organ, though sluggish, were not seriously impaired.

The treatment of the patient consisted of iron, tincture of nux vomica, strengthening diet, and rest.

This degeneration of the muscular tissue of the heart, Dr. M. observed, was the result of a transformation of the muscular fibre within its sarcolemma, into fatty matter. This change went on until more or less of the entire organ had undergone the degeneration, thus weakening its walls to a greater or less extent. This was the most frequent cause of sudden death from rupture of the organ.

It was doubtful how far treatment might avail in modifying this form of cardiac disease. In the cardiac softening of typhus and typhoid fever, which was at least analogous to fatty degeneration, nature did constantly effect a perfect restoration, and though experience does not warrant us in asserting a positive control over the form of disease before us, it is certain that something may be done to lessen its injurious effects, and perhaps to change the faulty nutrition of the organ. The patient should be directed to avoid all rude and exhausting efforts, but not to neglect slow and cautious exercise, and especially passive exercise. He should adapt his mode of life to his condition, not straining the organ unduly, nor yet sitting down in passive indolence. Nutritious food, the moderate use of alcoholic stimuli, and the exhibition of iron and bitters, constitute the proper indications of treatment.

Tubes Dorsalis—Progress of Case.—This case, whose history was detailed on a previous occasion, (See REPORTER, Sept. —,) was again exhibited to the class. The patient thinks himself somewhat better, but it is doubtful whether he is correct. He had taken for some time a pill composed of

R. Hydrarg. iodidi, gr. $\frac{1}{2}$.

Ext. hyoscyami, gr. i.

8. Three times a day.

M.

This had been lately stopped for fear of salivating the patient, but yesterday had been resumed.

The following had been rubbed on his loins:

R. Ol. tigilli, f $\frac{1}{3}$ i.

Tr. saponis comp. f $\frac{1}{3}$ i. M.

As before stated, this was a case which Romberg supposes to depend on partial atrophy of the lower portion of the spinal cord. Dr. Bennett, of Edinburgh, would class it as one of chronic myelitis, and he gives a case where recovery took place under the above treatment, which would seem to show that the lesion could not have been atrophy.

The prognosis in this case was unfavorable.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

OCTOBER 29.

Clinic of Dr. Gross.

Polypus of the Rectum.—The patient was a child six years of age. During defecation a polypoid tumor protruded, attached by a narrow pedicle to the mucous membrane. It was vascular and painful. Although Dr. G. had seen a number of cases, it was comparatively a rare disease. The tumors arise just above the verge of the anus, and vary in size from that of a pea to a pullet's egg. Their progress is tardy, and they create a frequent desire to go to stool. There is a discharge of reddened mucus during defecation.

Operation.—The tumor was seized with a vulsellum, and its narrow pedicle ligatured precisely as in a hemorrhoidal tumor.

Operation—Removal of Tumor.—This was situated on the lateral and posterior portion of the neck. It was movable, and situated immediately under the skin. There was no discoloration of the integuments. It had occupied six years in its growth, and lately had become slightly painful. It was presumed to be a fatty tumor, a hypertrophy of the adipose tissue of the part.

An incision was made over its middle, and the tumor enucleated with some difficulty, owing to the tough adhesions consequent upon its position on the neck. The assistant, Dr. S. W. Gross, was directed to make compression of the vein leading to the subclavian from the posterior part of the tumor, which if divided was liable to the admission of air, an accident that might prove fatal in a few seconds.

The patient should be diligently watched for the occurrence of erysipelas.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by W. B. Atkinson, M.D.]

WEDNESDAY EVENING, OCT 12, 1859.

Dr. Coates presiding.

Subject for Discussion—PATHOLOGY AND TREATMENT OF TUBERCULOSIS.

DR. WOODWARD'S PAPER.

In opening the discussion, Dr. Woodward disclaimed any intention of bringing novel facts or doctrines before the Society. A résumé of the literature of the subject was out of the question in the time allotted, and he proposed, therefore, to limit himself strictly to such introductory remarks as might serve to indicate some of the prominent

points as to which the opinions of investigators were most divided, and thus to pave the way to the subsequent debate.

The first point commented upon was the relation between *Serofulosis* and *Tuberculosis*. Various distinctions had been attempted even by some modern writers, but the majority of investigators regarded the two conditions as identical, and used the terms synonymously.

Attention was next called to the diversities of opinion as to the *anatomical significance* of tubercle. Some looked on it as a pathological *new formation*, others as a pathological *transformation*.

By some of those who considered it a new formation, it was thought to be a *heterologous* tissue characterized by a specific element, the *tubercle corpuscle*. By others, the new formation was regarded as *homologous*, and the tubercle corpuscles were believed to be simply aborted nuclei.

The notion that tubercle was merely a pathological transformation of pre-existing textures, had recently been revived by such investigators as Van der Kolk, Virchow and Paget, by whom the tubercle corpuscles were regarded as derived from the multiplication of the nuclei of the pre-existing textures, from those of the epithelium of the air vesicles in the lungs, from those of the cells of the parenchyma in the lymphatic glands, &c.

Differences of opinion also existed as to the peculiar conformation of chest characteristic of the tuberculous tendency. The ordinary idea of a diminutive chest, was contrasted with the doctrine of Rokitansky, that tuberculous patients have very voluminous lungs, and that any deficiency in antero posterior diameter in their chests was more than compensated for by the greater length from above downward.

Opinions were also diverse as to the curability of tuberculous disease, especially when its seat was in the lung. In this connection the opinion was expressed that errors were often made by the inexperienced, who mistook various pathological lesions for cicatrices of the lung. A case was given, in illustration, in which a mass of gray tubercle undergoing the degeneration called obolescence, had been supposed by several observers to be a cicatrix. In either case, the cornifying tubercle or the cicatrix would indicate a reparative process, but in the first instance before, in the second after the formation of a cavity. True cicatrices, however, were highly probable, though perhaps rarer than was supposed.

The last anatomical point commented upon was the possible co-existence of tubercle with cancer.

In illustration of the differences of opinion existing as to treatment, the diverse notions as to the proper hygienic management was commented upon, and a brief account given of the contradictory views enter-

tained as to the efficacy of alcohol, the hypo-phosphites, cod-liver oil, &c.

The speaker concluded by making a few remarks on the objects and advantages of medical discussions.

DR. COATES, (having called Dr. Nebinger, V. P., to the chair,) said :

He believed that the introduction of this subject by Dr. Woodward was matter of congratulation from its importance and interest. Dr. Woodward, too, had followed the right course in uniting the new with the older records. He reminded his hearers of the time when, in Philadelphia, to believe in the influence of a crisis of the fluids as a cause of disease, was stigmatized as the greatest absurdity, and as implying weakness of understanding. We are now, with Dr. W.'s assistance, proceeding to unite the rarest and most elaborate refinements of modern science with this ancient doctrine. He had been led to another remark, one of very great importance, which had been stated with so much candor by the lecturer—that it required much labor and time and many co-operators to make a little solid improvement in this branch of medical science.

As an initiative difficulty, (he remarked he had gained his information principally from Beale and Stanfield Jones;) the great complexity of the matters expectorated; atmospheric dust and articles floating in it; fibres of pine wood, from the floor, had been identified; the particles of metal inhaled by cutlers at Sheffield had a formidable importance; then followed minute portions of food of various kinds, funguses from the great papilla at the base of the tongue, and from the tartar of the teeth, epithelium scales, etc., etc., etc. It was abundantly evident that to achieve an accurate judgment on these points required extended study and practice, and these were hard to supply by men engaged in the actual service of mankind by practice. This did not diminish the obligation under which we lay to those gentlemen who did prosecute it, for which they were entitled to our warmest thanks.

Before going into the subject, he thought it necessary to obviate a confusion of ideas, not uncommon among us. The tuberculous crisis temperament was often confounded with the temperament of weak lungs. So predominant in importance was the presence of tubercles in the lungs, that this oversight was excusable. He would define the temperament of weak lungs as indicating an imperfect proportional development of these organs, and as indicated by a slender, lanky, tall form, excessive rapidity of growth in height, thinness, a long neck, the absence of the usual conical aspect of the thorax, long, thin fingers, with clubbed extremities, etc. The other unhappily familiar characters the tubercular temperament—by bulky cellular membrane, absorbents and glands, smaller heart and arteries

and muscular frame, thinner transparent chorium of the skin, showing the red vessels more conspicuously, it was said a thick upper lip, a protrusive and bulky abdomen, light complexion, eyes, hair, etc., are, in some important points of appearance, the reverse of the former. The conical form of the chest was liable to a deception. It was caused by the size of the muscles and bones of the shoulders, while the real conicity of the cavity of the thorax was in the opposite direction, and widest at the bottom.

With regard to the question whether tubercles were formed of a structure essentially different from the elements of other parts of the body, he spoke with diffidence, as not being in the habit of using the microscope; but he thought it had been proved very fairly by Müller, twelve or fifteen years ago, that neither tubercle, nor even cancer, was formed of any essentially distinct cells or other elementary parts not found in the healthy body. He was, therefore, a homologist, convinced by this observer; he yet begged to ask of the lecturer the state of microscopic opinion on this very curious point.

He deemed tubercle an unorganized deposit, and totally devoid, in itself of any structure, even the cellular. The evidence presented appeared to him to demonstrate this: not to lean upon the quoted and so highly and justly reverenced authority of Rokitansky. The tubercular molecules were not cells of any kind, but irregular masses of coherent granules, without coating or regular form.

While on the subject he would ask whether tubercles were not found in the bronchial glands. This question had arisen in a case of some importance. Dr. C. had found the joint of the first and second bones of the sternum projecting almost sufficiently to form a right angle, and the adjacent parts of the sternum to present a perfectly flat sound on percussion; a phenomena which he had never witnessed in any other case, and the nearest approach to which, in his experience, had been from large aneurism. The patient was an iron master, and exposed to the fumes of the roasted ore. This is said sometimes to contain arsenic. The swelling had been known for only five or six weeks, and a frightful loss of flesh had taken place. Dr. C. had decided on the presence of a tumor in the bronchial glands, and thought it was most probably tubercular. A friend in consultation decided the presumption to be in favor of cancer. It ultimately appeared to be soft cancer; from the frightful rapidity with which it grew, penetrating lungs and liver, and protruding at the right side in about two months and a half, when death took place. There was no dissection.

In this case the belief was expressed that tubercles of these glands had never been observed in adults; while Dr. C. thought they had, but has been unable since to find a plate or other authority for this occurrence.

Concerning exercise, he had a fixed opinion. It is rare not to have other secondary and inflammatory diseases along with tuberculosis of the lungs. Hence violent exercise would be decidedly disadvantageous.

In cases where there was an imperfect closure of the foramen ovale, it had been alleged, on the authority of Rokitansky, that tuberculosis was decidedly less frequent. In this and other ways, it was stated, as the opinion of that authority, that to have a portion of venous blood in the arteries appeared to act as a preventive against the disease. This confirms the opinion that we should oppose too free exercise, as the blood will be, by its use, too much oxygenized. Those patients whose occupations cause them to use exercise vehemently are not found to prosper so much as those who make less exertion, though still using motion and frequenting the open air. Members will recollect the great praise given by Sydenham to riding on horse-back in consumption, and his expression that he hoped the day would come when the disease would be as regularly cured by that remedy as intermittent fever by bark. Dr. C. had seen a physician, on a cold, wintry and rainy day, out before day break to attend an obstetric case, though at that time suffering under tubercular consumption, and evidently near his end. He had the idea that, by thus "roughing it," he stood a better chance of recovery. He died in a short time after. Again, Dr. C. attended a case for the late Dr. Randolph, a man sinking fast with consumption, who repeatedly took carriage drives, sometimes of eight miles, with this extravagant notion of "roughing it." The exhaustion after each of these exertions was excessive, the patient being scarcely able to speak or lift his hand. The end may easily be predicted; it was about three weeks distant.

On another point, Dr. Coates believed that there was a change of opinion among our chemical pathologists. About fifteen years ago, it was common to read that tubercular matter was albuminous; and philosophers, as Canstatt, considered this a less developed stage of animal matter than that which contained more fibrine. Now, he finds Rokitansky quoted, as believing that they contain an excessive share of fibrine.

This proposition is one of considerable importance. If tubercle be a less developed state of matter, it is an argument in favor of accelerating the action of oxygen on the blood, to promote its further changes; and if the morbid matter contain too much highly developed matter, it is to be inferred that we should moderate the same process. It is uniting the theory regarding venous blood, and alleged fibrinous and higher development of tubercle, as cited from Professor Rokitansky, with older science—to refer to the alleged temporary successes of Beddoe's, in causing patients to inhale

air containing a larger share of carbonic acid than the atmosphere possesses, so as to retard the wasting of the body. This view is also strongly favored by the alleged benefit derived from living over cow-stables. The "sweet breath of the cows," as it is poetically called, furnished an additional supply of carbonic acid; while ammonia, though present, is not produced in the large quantities which occur in horse-stables. The usefulness of animal oils, given to consume a large part of the oxygen of respiration, is another confirmation; the intention being to prevent the nitrogenous matter from being decomposed too rapidly.

Alcohol he was opposed to, when avoidable, on account of the almost universal injury done by it; but he would not assume the responsibility of saying that it might not be made of use. In opposition to its employment, however, he related that he had seen, in a large hospital experience, bad effects resulting where the "brown mixture," compounded with *vinum antimonii*, mucilages and an opiate, was rendered very decidedly less useful to consumptive patients, when the tinct. opii had been replaced, for convenience, by tinct. opii camphorata. This had been done by apothecaries, for the convenience of keeping a large quantity made at once; the larger proportion of alcohol preventing fermentation. Dr. Coates believed that the alcohol of this, and perhaps the camphor and benzoin, were very materially injurious to the bronchitis and other acute inflammatory affections which occur in advanced consumption. The bronchitis, as is well known, is acute during a great part of the time; and it is often the immediate cause of death.

It had been said that there were no diseases for which there were so many certain cures announced as for those which were incurable. This is very strongly exemplified in consumption. As a lively example of this, John Wesley, the founder of the Methodist body, in a little work entitled "Primitive Physick," in which he denounces the claims of medicine to benefit from various sciences, as an imposture, and reduces it altogether to the simple aphorisms that "such a medicine cures such a disease," gives a very large number of cures and certain cures for consumption; to many of which he appends the epithet "tried," meaning by himself or by friends in whom he could repose confidence. Among these, one was, to rise early every morning, turn up a sod of grass with the spade, and inhale the air within the cavity, for several minutes; all before breakfast. Another was to swallow an ounce of quicksilver every morning, fasting.

The treatment of consumption is, in fact, a mixed question. So much depends upon the preservation of the strength, and of the power of digestion, and upon the avoidance and palliation of intercurrent

diseases, that, very commonly, the cases which these objects require are of more consequence than the use of any single medicine, or even systematic combination of them.

Dr. CONDIX remarked, that for several years past he had studied with some considerable degree of care the subject of tuberculosis. Notwithstanding all that has been written in respect to the causation, nature, and treatment of the disease; the clinical observations that have been recorded to throw light upon its history and diagnosis, and the large amount of facts that have been contributed in illustration of its pathological anatomy,—the subject is one of which it is still strictly true that we are in possession of but very little positive knowledge.

It is only of late years that any successful attempt has been made to study tuberculosis by itself—independently, as far as it can be, from the intercurrent and accidental lesions and morbid phenomena with which it is most commonly associated.

Pulmonary consumption as it presents itself in daily practice is too often taken as the type of simple tuberculosis. Little, if any care being taken to distinguish what, in each case, is actually due to the deposition of tubercular matter alone, from that which is the result of an accidental phlegmasia of the respiratory mucous membrane or of the substance of the lungs, or of both morbid conditions combined.

Dr. C. stated, that his study of tuberculosis had not been confined simply to an analysis and solution of the facts recorded by the leading writers on the disease, combined with careful and repeated clinical observations, cautious post mortem examinations, with the naked eye, of tuberclosed tissues, but, he had also endeavored to detect, by the aid of the microscope, the nature of the tuberculous deposit, and the pathological relations existing between it and the tissues with which it is in contact. Upon his microscopical labors Dr. C. would place, however, very limited importance. To obtain accurate results from microscopical investigations requires greater skill and larger opportunities for their prosecution than he could well lay claim to. The conclusions which he had arrived at from his own microscopical observations compared with those of others, are, first, that scrofulosis and tuberculosis are identical in their nature, the difference between the local and general symptoms presented in the two, resulting altogether from the difference in the physiological importance, the anatomical structure, and the location of the parts in which the disease is seated. And, secondly, that tuberculosis is the result of a vice of nutrition and probably of a morbid condition of the blood crisis. There being, in consequence, a formation of cells so deficient in vitality as to be incapable of undergoing the regular

development and changes necessary for the normal growth and renewal of the tissues. Tubercular matter has always presented to Dr. C., previously, at least to its having undergone any decided softening, the appearance of an amorphous granular mass, intermixed with aborted cells, in different stages of development, with more or less earthy matter, and fragments of apparently the broken up tissues of the organ in which the tuberculization has occurred.

It was hardly necessary, Dr. C. remarked, nor would the time at his disposal on that occasion, permit him to enter into an exposition of the reasons that had induced him to reject the view which includes tuberculous depositions among the heterologous morbid formations.

Upon the causes productive of the defective nutrition and abnormal condition of the blood upon which it is presumed that the formation of tubercles depend, Dr. C. would say a word or two. Upon the etiology of tuberculosis, the gentleman who opened the discussion, did not touch in the very admirable sketch he had presented to us of some of the leading points connected with the pathology of the disease. It is a subject, however, which Dr. C. held to be of equal importance with the histological and microscopical investigation of tubercle, as a foundation for a correct and certain prophylaxis and treatment. Like everything else, however, connected with the subject of tuberculosis, it has, until very lately, been involved in the deepest obscurity, and opinions the most opposite to those which recent investigations have shown to bear the nearest likeness to truth, have been entertained and confidently taught in respect to it.

Tuberculosis is found to be confined to no age, sex, or condition in life; and to pervade alike all countries, under every variety of climate. By recent statistics, it has been shown, however, that one form of tubercular disease—that of the lungs—is of much more rare occurrence in a cold, dry, equable climate, than in any other; that consumption is scarcely known among the permanent inhabitants of such climate, while even those strongly predisposed to the disease are said to have their predisposition eradicated by a residence within it.

The more immediate causes of tuberculosis would seem to be the slow and continued action upon the system of circumstances and conditions which are calculated to disturb digestion, impair haematoses, and impair the nutritive functions generally: such as a diet deficient in quantity or in its nutritive properties; sedentary occupations, carried on in damp, chilly rooms, or in over-heated, ill-ventilated and crowded apartments; want of sufficient sleep; exclusion from the light of the sun; the depressing passions and emotions. It has been object-

ed to the foregoing list of causes, that the younger members—especially the females—of the more opulent and “well to do” classes of the community are well known to be among the most frequent of the victims of pulmonary tuberculosis. But it has been said by a witty writer, and without much exaggeration, that were a careful comparison to be made of the pursuits, manner of living, and actual comforts of the fashionable young lady and gentleman and the poor seamstress and tailor and shoemaker, there would be found a closer affinity between them than many would suspect: the privations which the latter are forced by necessity to endure, in respect to sufficient clothing, pure air, solar light, food, sleep, cheerfulness, exercise, etc., being voluntarily encountered by the former as the necessary concomitants of elegance and fashion.

The increased prevalence of tubercular diseases has, in this country, at least, kept pace with the increase of wealth and of luxurious living—with the increase of civilization, in the popular sense of the term. It is a notorious fact, that formerly these diseases were of rare occurrence, even in our large cities, and almost unknown among our rural and agricultural populations; but now they prevail to a fearful extent everywhere—even in the families of our rich farmers, where the worst features of the fashionable and luxurious habits of the opulent citizen are, in these modern times, constantly aped.

Among all these causes, it has appeared to Dr. C. that the one most essential to the development of tuberculosis is the want of sufficient and regular muscular exercise, and the consequent sluggish movement of the blood through the vessels—the deficient haematoses, and the slow and imperfect metamorphosis of all the tissues. It is unquestionable, he remarked, that of all classes, those among which are found to occur the greatest number of victims to tuberculosis, are the sedentary, the indolent, the eminently luxurious; while those classes in which tuberculosis the least frequently occurs, are those, the members of which are engaged daily in such active occupations as call into full and equal play the whole of their voluntary muscles.

It is proper to remark, that an individual may be exposed, and almost continually, to all of the causes enumerated above as those productive of tuberculosis, and which they do unquestionably prove to be, in perhaps the majority of instances, and nevertheless the individual thus exposed may remain throughout life without the deposition of a single tubercle in any organ or tissue of his body. We are led, therefore, to the conclusion that there is a peculiar condition or dyscrasy of system possessed by certain individuals, that renders them predisposed to tuberculosis under the influence of morbid causes, which, without the existence of such predisposition,

would not give rise to any affection of a tubercular character. In what this dyscrasy or predisposition consists, it is very difficult, if not impossible, in the present state of our knowledge, accurately to define, nor is it always easy to describe the signs by which it is indicated. Most commonly, it is true, the individual in whom it exists presents all those features which have been so often and so graphically described as indicative of the strumous or scrofulous diathesis. In numerous cases, however, such is not the case. Individuals apparently of well developed frames, and of healthy and even robust constitutions, have, after the occurrence of what they persist in viewing as a trifling cold, been hurried to their graves by pulmonary tubercularization, a predisposition to which, even, had not been suspected.

Though, in perhaps the majority of instances of tuberculosis, the predisposition to the disease is, unquestionably, congenital, it is nevertheless true that it may be developed in those in whom no such predisposition can be detected. Two striking cases of tubercular consumption have fallen under his notice, both of which occurred in families where, for several generations back, it was well known that no member of them had been affected with any form of tubercular disease; and during the period which had elapsed since the demise of the two consumptives—in one of the cases twenty-five, and in the other upwards of twenty-seven years—among the several deaths that have occurred in these families, not one has been attributable to tubercle.

It is generally stated that workers in woolen factories, the filers and dry grinders of metals, the cutters and carvers in stone, are classes eminently predisposed to tubercular disease. There can be no doubt that these several occupations, and a variety of others, which expose those engaged in them to the constant inhalation of an atmosphere loaded with fine particles of various kinds, act most injuriously upon the respiratory organs, especially in such as are predisposed to pulmonary tuberculosis. It is a well known fact, however, that many who engage in certain of the occupations alluded to, suffer from cough, difficulty of respiration, expectoration, local irritation of the lungs, and the general symptoms of phthisis, without these symptoms being dependent upon the deposit of tubercle in the lungs or any other organ or tissue of the body; the whole of the mischief, in these cases, being due to the retention in the air cells or minute bronchial ramifications of the lungs, of minute particles of cotton, wool, metal or stone, which act there as constant promoters of irritation.

In the study of tuberculosis, the fact is too apt to be overlooked, that the cases which usually present themselves of the presence of tubercles in one or other of the tissues or organs, instead of being simple cases of tuberculosis, are rather cases of tuber-

cular deposit complicated with certain other morbid states, which, though they may be essentially modified by the tuberculous condition of the patient, have no direct relation to that condition, either as cause or effect. Tubercle may be deposited to a considerable extent without the production at first of any very decided general symptoms of disease, and with much less disturbance of the organ in which they are seated than would be supposed possible. In one of the lungs there may be deposited a considerable mass of tuberculous matter, which may proceed slowly on to complete softening without the occurrence of any symptoms to excite serious alarm in the patient or his friends. It is in these uncomplicated cases of pulmonary tuberculosis, Dr. C. was persuaded, that most frequently takes place an arrest, for a time at least, of the lung affection, from the contents of the vomica, formed by the softening of the tuberculous matter deposited in the lungs, being discharged externally, through an opening formed between the cavity of the vomica and one of the bronchial tubes.

The leading symptoms described in the books as those proper to tuberculous disease of certain tissues and organs, are the result rather of some intercurrent phlegmasia. Thus the major portion of those cases of pulmonary disease which occur in this climate, and are described as tubercular phthisis, are cases not of simple tuberculosis of the lungs, but of bronchitis or pneumonia occurring in patients in whose lungs a deposit of tubercular matter has taken place, they are, strictly speaking, phlegmasiae of the lungs complicated with and modified by the presence of tubercles. And, if it be proper, as Dr. C., supposed no one would deny, to denominate the subacute inflammation which takes place in the meninges of the brain, or in the serous membranes of the thorax and abdomen, in conjunction with tuberculosis of these parts, tubercular meningitis, or pleuritis, or peritonitis, as the case may be, it would seem to him to be equally proper to denominate the inflammatory affections of the mucous membrane of the respiratory tubes or of the substance of the lungs when complicated with the presence of tubercles, tubercular bronchitis or pneumonia, such terminology would, at least, indicate with greater precision the true nature of the disease than that now in use.

(To be continued.)

Dr. Bartolomeo Gualla, one of the principal surgeons of Brescia, has published an official statement in an Italian medical journal, which states that the loss of the Allies at Solferino instead of being 21,000 in killed and wounded, as the French officers report, was near 45,000. At Brescia alone, 32,000 wounded entered the hospitals.

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EDITORIAL DEPARTMENT.

Periscope.

By L. ELSBERG, M. D., OF NEW YORK.

On the Causes of Pericarditis—It is now well known, that pericarditis is almost always a secondary disease; but much difference of opinion still exists as to what is its frequent antecedent. Prof. DUCHEK, in a communication to the *Wiener Med. Wochenschrift*, 15, 16, 1859, ably accounts for this difference, and submits accurate statistics from his own observation, according to which pleuritis is the most frequent cause, (51.16 percentage;) pneumonia, generally, however, combined with pleurisy, the next in frequency, (41.86 percentage,) and disease of endocardium, cardium itself, or aorta the next, (34.4 per c.). Then comes acute articular rheumatism, (18 per cent.) Bright's disease, (14.3 per cent.) and pulmonary catarrh, (13.3 per cent.) Of less frequent antecedents, pyæmia is mentioned to have caused 1.8 per cent.; searlatina, 0.9 per cent., (probably by means of Bright's disease). As reason of the heretofore believed greatest frequency of rheumatism as the cause of pericarditis, Prof. D. assigns the not always accurate observations during life, on which the diagnosis is most frequently based, and the freedom in employing the term "rheumatism." That so many exaggerate the frequency of Bright's disease as a cause of pericarditis is owing, according to Prof. D., partly to the frequent diagnosing of *Morb. Brightii* when it does exist, and partly to the frequent not recognising of co-existing cardiac difficulty, which so often is the primary disease.

On the Diagnosis of Organic Affections of the Brain, Dr. FAHRNER of Zurich, (*Virchow's Archiv.* XVI, p. 307, 1859,) gives, among others, the following hints: Affections of peripheral nerves very frequently lead to mistakes. This illustrated by the narration of numerous interesting cases of paralysis and disordered sensation, caused, in two instances, by luxation of the head of the radius—in one by an inflammatory swelling in the course of the ulnar nerve; in another, by an exudation into the axilla pressing on the nerves of the arm; in another, by a tumour, at first concealed, but becoming visible in its growth beneath the clavicle, and yet another instance—the patient being a hysterical girl—by an ovarian tumour, with reflex action on the nerves of

the thigh. After detailing and commenting on these cases, Dr. F. gives the advice, that, we think, cannot be too much impressed, *most carefully to examine all the accessible parts, from the affected periphery to the nervous centre, and especially to trace the anatomical relation of the distant parts affected.*

How difficult differential diagnosis sometimes must be, is shown by the report of a case which had presented the complete assemblage of symptoms of apoplexy, while the post-mortem examination revealed extensive inflammation of the brain, characterized by very slight discolouration. Most favorable for diagnosis are those cases in which the symptoms appear separately, or are individualized, so that the principles of anatomy and physiology, those two bases for all correct diagnosis, can be properly applied to determine the condition.

Of symptoms, paralyses are most valuable. When partial paralysis exists, with strikingly disordered, general or special, sensation, or with violent persistent headache, we may be pretty sure of an affected brain. Sudden, extensive, complete paralysis is always fatal; ptosis, great mydriosis, and paralysis of the urinary bladder almost always so. Headache, with indications of paralysis, and fever towards evening makes the existence of an affection of the brain probable. It must be remembered, however, that blowing respiration, indicating paralysis of the buccinator, occurs not seldom in healthy old persons, who have lost their teeth. Not to mistake inflammation and effusion of blood, which, in some cases, are so difficult to distinguish, it is prudent not to diagnose apoplexy before the 40th year, unless extensively atherosomatous arteries, or considerably diseased heart are present. Tuberculosis points to inflammation—the inflammation of the brain co-existing with tuberculosis has, however, no distinguishing characteristics.

Dr. F. then discusses the liability to confound with diseases of the brain, acute exanthema during the first stage, typhus fever, Bright's disease and endocarditis, and sudden and extensive hysteria; concluding with the advice, *not to hold to the principles advocated by many, to consider no disease an organic one of the brain, which might possibly be interpreted as belonging to the neuroses.*

In England, from 1845 to 1857—both included—thirteen years, 7,312,287 children were born in wedlock, and 520,704 out of wedlock.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 12, 1859.

REMOVAL.

In order to accommodate the rapidly increasing business of the *REPORTER*, and relieve the editors of much labor in connection with the publishing department of the work, we have found it necessary to take an office, where the business affairs of the work will be attended to by a competent person, whose whole time will be devoted to it.

This office has been located at No. 108 South Eighth street, a few doors below Chestnut street, in a part of the city that will be easy of access to both our city and country subscribers and friends.

The editors will always be glad to receive calls from the patrons of the work at their offices, which are very easily reached, with little loss of time.

KAPPA-LAMBDA SOCIETIES.

"Angels and ministers of grace defend us!
Be thou a spirit of health, or goblin damn'd;
Bring with thee airs from heaven, or blasts from hell;
Be thy intents wicked or charitable—
Thou com'st in such a questionable shape,
That I will speak to thee."

A respected correspondent, in another column, enlightens us as to the origin, objects and aims of Kappa-Lambda societies. It will be seen that he comments with force and justice on a letter from Brooklyn, which was published in our issue of the 29th ult., entitled "Kappa-Lambdaism and the Long Island College Hospital." It will also be observed that we do not escape his strictures for admitting into our pages a communication containing such serious charges against, and denunciations of members of the medical profession as that does, without offering anything by which those charges may be substantiated.

In admitting the justice of the criticism on our course, we can only say in extenuation—1st. That we were, very naturally, ignorant of the history and aims of Kappa-Lambda societies, and had, for the time being, lost sight of the origin of the raid against them. 2d. That we have never been admirers of secret associations of any kind; and 3d. That in the haste of making up our number from a mass of communications and other material, the letter from

Brooklyn was hastily glanced over, and its full import not wholly appreciated, until it was in type. We would then have suppressed it, but for the fact that it would have caused considerable delay in the issue of that number. The redeeming features in the case are, that we have learned something in regard to this association in New York, and called forth a very interesting historical notice of the Kappa-Lambda society that formerly existed in this city.

The first that we ever heard of Kappa-Lambdaism was, we believe, through the columns of the *New York Medical Gazette*, whose editor, having failed to attain the position to which he aspired in the profession of that city, seemed to attribute to personal enmity and spite on the part of others—as is often done in such circumstances—the failures that were due to his own imbecility. Very opportunely, hearing of the existence of a secret association to which some of the members of the profession in New York belonged, and knowing that, in the nature of things, charges made against a secret organization could not be publicly met, he has made this society responsible, not only for his own failures, but for many other misdemeanors of which it is not, and could not be guilty. We are sorry that our Brooklyn correspondent has been misled by these vagaries of the disappointed *Gazette*.

A correspondent in New York, who never belonged to the Kappa-Lambda Society informs us that every intelligent member of the profession in that city laughs at the idea that this Society exerts any controlling influence in its Hospital and College appointments, and certainly, the entertaining history of the kindred society of this city, published in this number, leaves no room to suppose that such could be the case. He informs us that the editor of the *Gazette* has named persons as belonging to that Society who were never connected with it, simply, we suppose, because he fancied that they were inimical to his advancement. This will probably account for the studied persecution in the columns of the *Gazette* of certain members of the profession of the highest standing in New York and elsewhere. Such conduct

not only deserves the severest reprehension, but should attract the notice of the American Medical Association, and we think that body would do the profession of the country a good service if it would deprive of membership one who in this and other ways has proved himself so unworthy of its honors.

MEDICAL SOCIETY REPORTS.

We have, of late, yielded an undue proportion of our space to Medical Society reports, partly for the reason that some unusually interesting subjects have recently been before the profession for discussion. While it is not our desire or intention to discontinue publishing these interesting and useful debates, we must curtail them within the smallest limits necessary to present the views of those who take part in them.

There are now many more reports awaiting publication than we can accommodate, though others might obtain insertion if there was more pains taken to *condense* the debates. Very interesting matter could also be easily obtained from other important medical bodies, if we could find space for it. These reports, however, valuable, as they are, cannot occupy an undue space in our columns.

MORAL INSANITY.

The *American Medical Gazette* for November, has an article on Moral Insanity, a belief in which, so generally entertained by the best writers and most experienced observers on the subject, it characterises as a "silly conceit." This trenchant fashion of argument is quite common with the *Gazette*, as a substitute for calm reasoning on the facts of the case. Curiously enough, and one to be added to the numerous instances of the vagaries of the human mind, the very number of that journal, in which arguments against the opinion of there being any such mental aberration as moral insanity are urged by Dr. Ferguson, exhibits the strongest proof of its editor being himself a sufferer from the disease. How far this is of a chronic nature we do not now pretend to say, although it would not be difficult to

present it in this light. We shall only touch on the recent paroxysm, and proceed at once to the evidence.

The November number of the *American Medical Gazette* consists of sixty-seven pages, not counting advertisements. Of these, forty-two pages, or nearly two-thirds of the entire contents of the number, are filled with "Reports" of discussions on Yellow Fever and Quarantine in the New York Academy of Medicine, and the Philadelphia County Medical Society. The appreciative heading: "Important Discussions on Yellow Fever and Quarantine before the Medical Societies in Philadelphia and New York," and the reports which follow, were taken entire from the **MEDICAL AND SURGICAL REPORTER**—direct credit being given in the case of the discussions in the Academy of Medicine, and an acknowledgment made editorially in regard to those which took place in the Philadelphia County Medical Society. The debates at Philadelphia are represented by the *Gazette* to be "full of instruction for the younger physicians, who will especially find in the speech of Dr. Condé a lucid and reliable exposition of the whole subject, though all the speakers are enlightened and able men, and the mooted questions in this regard are here discussed by acknowledged experts." Speaking of the "very full abstract of the discussion at the New York Academy of Medicine by the phonographic reporter of that journal"—THE **MEDICAL AND SURGICAL REPORTER**—the *Gazette* says: "This latter report was thus published within forty-eight hours after it took place in New York—a very creditable feat in journalism." The editor's opinion of the accuracy of our report may be inferred from his remark "our own [Dr. Reese's] paper on the subject was in type before the **REPORTER** reached us, else we should have been content with the abstract there given."

So full an acknowledgment of the substantial value of the large amount of matter thus freely borrowed, and in which he himself is reported to his entire satisfaction, would naturally have prompted the editor of the *Medical*

Gazette to refer, if he were to speak of them at all, in terms of comity, if not of praise, to those who supplied him with the matter for two-thirds of his monthly issue. When we say "naturally," we must be understood to mean that such would be the conduct of a man whose moral sense had not been perverted. Our readers may imagine our surprise, therefore, when they are told that the very next article to that in which the above extracts occur, is devoted to vulgar personal abuse of the senior editor of the *REPORTER* chiefly in connection with the department for the Insane of the Philadelphia Almshouse, of which he has been appointed the medical superintendent. Some weeks have elapsed since his appointment, and it has been chronicled in different journals; but notwithstanding this, the new officer is represented to be "seeking a place in the mad-house of incurables, which is an insignificant concern for pauper lunatics in an outhouse of the Almshouse, which the New Medical Board would have nothing to do with, and which has always been cared for by boys and old nurses." What shall we say of the regard for truth of a writer who would make the medical public believe that an outhouse is all the room appropriated to 450 poor persons on an average, suffering under the varieties of insanity in their different stages? What of his humanity in impliedly telling us that these unfortunates are not entitled to better caretakers than "boys and old nurses?" Here we may be allowed to say that the proper authorities of Philadelphia have given the medical superintendent an opportunity of bringing order out of chaos, and of placing these inmates of the almshouse on such a footing as shall exempt it from the ignorant and malicious gibes of strangers, whether they call themselves physicians or not.

To the credit of human nature, a man is seldom met with, who, at the very time of his borrowing largely from another that of which he stands so much in need, will so far forget, not only the obligations of gratitude but the commonest observance of social ethics, as to pour out a volley of abuse against the donor, and decry the soundness of the bank in the notes

of which the loan was obtained. Can we, in common charity, suppose a person to behave in this extraordinary and unnatural manner, without his laboring under moral insanity? It is only by his friends urging a plea of this nature that the editor of the *Medical Gazette* can hope to escape the contempt and scorn of all right-minded men. Further mitigation of punishment in this case may be pleaded by the additional consideration that the intellect is disordered as well as the moral sense, else why the strange contradiction of a virtual acknowledgment of the strength of the *REPORTER* in his borrowing so largely from its stores, and a virtual admission of its activity in his designating the prompt publication of the debates in the New York Academy of Medicine as "a very creditable feat in journalism;" and yet, in the very next page, he terminates his vituperation on the senior editor by the assertion that his journal "seems to be on its last legs," and the prediction "that it will soon be defunct." All this reminds us of what has been said of the olden philosophy, as being "for the most part that of *notion* and *dispute* which still runs round in a labyrinth of talk, but advanceeth nothing."

We should not have touched on the vagaries of the *Medical Gazette* so far as relates to matters personal to the one or the other editor of the *REPORTER*, but that they constitute a psychological curiosity which may not be without interest to our readers. Were we to imitate our erratic contemporary, and speak of his journal as an existing embodiment, we should be obliged to express our fears that it cannot survive the throes and spasms and violent contortions to which it has been so often subjected, and which are the more remarkable under the motley garb and the merry Andrew's parti-colored suit which it studiously affects. But we prefer throwing over it the mantle of charity, and refrain from retorts well merited as they would be from our pen.

Sydenham, says, in his dedication to the King: "Sire, a good physician is greater than thou art—proximus est Deo."

Correspondence.

KAPPA LAMBDA SOCIETIES.

Philadelphia, Nov. 3d, 1859.

One is at a loss, after reading the anonymous letter from the Brooklyn correspondent of the MEDICAL AND SURGICAL REPORTER, to know what was his aim in inditing such an article. Wrong doing is not rebuked by charges made in the shape of denunciations, without specification or point,—nor can the spleenetic effusions of an accuser be received as any evidence of the guilt of the accused. Sound journalism must set itself against this irregular and passionate mode of treating grave subjects, and of commenting on the conduct of men whose age, professional and social position and attainments entitle them to be treated with at least a show of ordinary courtesy.

Accusations of so damaging a nature, and clothed in such harsh language, as those advanced by the Brooklyn writer, ought to have been sustained by strong proofs, derived from the names of the misdoers, or rather criminals, as they are represented to be, and details of the steps by which they carried out their purposes. After having drawn largely on his stock of objurgations, he seemed to feel that explanations might be asked for, and he very naively adds: "But you will be anxious to know the names of the crafty undertakers. I hardly think it would be wise to give them notoriety beyond our city limits." We would ask, where is the wisdom of dealing in wholesale denunciations, and spreading them beyond "city limits," without a single accompanying fact to give them the slightest weight, or, still more, to secure credence? Wherein is the profession benefited by such railing? It is certainly no part of the course marked out for themselves by the editors of the REPORTER, to excite or encourage a feeling of prejudice against legitimate medical associations of New York, in the minds of the physicians of Philadelphia. Medical brotherhood ought to be something more than a name.

But, obnoxious as is the article emanating from Brooklyn, on the score alike of bad ethics and of bad logic, we should not have noticed it but for its furnishing an occasion to give a slight retrospective sketch of the Kappa Lambda Society of Philadelphia. It will be new to most of the readers of the REPORTER, and probably not without interest to the profession at large, in the history of which it cannot well fail to find a place. Not having the minutes of the proceedings and transactions of the Society before him, the writer of this communication is unable to give the precise date of its origin; but this may be stated to have been about thirty-six years ago. The Society was founded by Dr. Samuel Brown, then Pro-

fessor of the Practice of Medicine in the University of Transylvania, who on a visit to Philadelphia initiated four physicians, viz: Drs. Samuel Jackson, C. D. Meigs, Thomas Harris, and R. La Roche, into the plan which he proposed for future action.¹ Its objects were, to cultivate a kind feeling among its members, and, as far as its influence might extend, a similar feeling in the ranks of the entire profession, and to incite to emulous efforts for promoting and diffusing medical knowledge. A unanimous vote in favor of a candidate was required to secure his election; and before being received into full membership, he solemnly pledged himself to abide by the rules for his future deportment in professional life, which were read to him by the presiding officer, and which were nearly the same as those contained in the celebrated oath of Hippocrates.

Among the obligations under which the new member placed himself, was to make all honorable efforts to promote the welfare, of not only his associates of the Kappa Lambda Society, but also of his professional brethren who were not members. For their guidance in intercourse with the sick and the friends of the sick, and with each other, that part of Percival's Medical Ethics relating to these subjects, was printed and adopted as their code by the members of the Society. Papers were read and their contents discussed at the regular meeting. Some of them are still in the archives of the Society. Among these the writer remembers a discourse on Hippocrates, and a biographical notice of Dr. John Whilldin, a young man of great promise, by Dr. La Roche. Before long the Society included in its ranks not less than from sixty to seventy medical practitioners in the city and its vicinity, who had been elected quite irrespective of family, or of wealth, or of adventitious social position. In order to carry out more effectually a part of the original design for the promotion of the science and the practice of medicine, a periodical was established by the Society, under the title of the "North American Medical and Surgical Journal," with an editorial corps consisting of five members, viz: Drs. Hugh L. Hodge, Franklin Bache, Chas. D. Meigs, B. H. Coates, and R. La Roche. To these were added, after four years of the life of the Journal, Drs. George B. Wood, D. F. Condie and John Bell. The following language held by the editors in the preface to the ninth volume of this work, conveys no exaggerated idea of the results of their labors up to that time. "The impetus given to the progress and diffusion of periodical medical literature has been, if not mainly their work, at least in no small

¹ We would refer the reader for an interesting notice of the origin and aims of this Society, to the very instructive Address of Dr. La Roche, before the Medical Society of the State of Pennsylvania. 1857: pp. 10—12.

degree owing to their efforts. A comparison of the notices of American medicine in foreign journals, and of the number and variety of the selections from these latter in American journals, during the periods before and since the establishment of this work, will, it is believed on sufficient evidence, fully corroborate the justness of such a claim." For the first time, a regular system of exchange was begun between an American medical journal and the medical periodicals of Great Britain, and continental Europe, in the case of the Kappa-Lambda Journal. Its publication extended over a period of six years, or from January, 1826, to October, 1832: it was issued quarterly, and in its entirety made twelve volumes. The "Philadelphia Medical and Physical Journal," begun and continued for some years under the editorship of Dr. Chapman, with whom were afterwards associated Drs. Godman and Dewees, was brought out in 1827, under the title of the "American Journal of the Medical Sciences," with new features, after the model of the North American Medical and Surgical Journal. Dr. Hays, its judicious editor, from that time to the present, was a member of the Society, and had been placed on one of the committees which were appointed to prepare materials in the different branches of medicine for the Journal. Dr. Warrington, one of the editors of the "Medical Recorder," at this time, was also a member of the Society, as was Dr. B. Rush Rhee, one of the original faculty of Jefferson Medical College. The last named gentleman died in early life. Dr. R. E. Griffith, for a while a Professor in the University of Maryland, and also in the Virginia University, and translator and editor of different medical works, was on the Kappa-Lambda roll.

We have to regret that we are unable to consult this document, and introduce the names of other men of mark and worth in the annals of Philadelphia medicine. We call to mind at the moment Dr. Thomas Harris, who, although still living among us, ended his professional career on resigning the office of Chief of the Medical Bureau at Washington; and Dr. G. Emerson, but recently President of the Philadelphia County Medical Society, and well known for his valuable contributions to medical statistics. Among the leading and honored practitioners of that time, who were members of the Kappa-Lambda Society, figured Drs. Hewson, Otto, Hartshorne, E. Griffith, Neill, Randolph, Emien, and John W. Moore. To these should be added the names of our esteemed contemporaries Drs. William Darrach, R. M. Huston, Wm. D. Brinckle, and that classical scholar, the translator of Lucretius, Dr. Snowden. Uppermost in our memory, but not knowing the precise point for introducing him in this connection, was our gifted and ever engaging friend Dr. John K. Mitchell. This gentleman was the immediate intro-

ducer of the writer of this sketch to the society, which delegated to him the task of preparing its constitution. Dr. W. E. Horner, after a time, and we believe Dr. W. P. Dewees, became members.

Looking at the names of the editorial corps and of the other members of the Kappa-Lambda Society just now given, and aware as all are of their subsequent, and, for most of them, successful striving after fame and honors, it is needless to say that no exclusive spirit or cliqueism, could be enlisted to foster individual claims, since these were often divergent from, if not in rival opposition to each other. But Kappa-Lambdaism showed itself in its true and legitimate functions, by preventing antagonism of opinion from degenerating into rancorous dispute, and rivalry from running into hostility, either between two members of the Society, or between the affiliated and those who had no connection with it. A fresher and a healthier tone of discussion was adopted, and conformity to a higher standard of medical ethics yielded than had been previously thought practicable. If, at times, the serenity of the medical atmosphere has been disturbed by an occasional cloud, or the muttering of discontent seemed to portend a storm; these soon disappeared under the influence of the spirit evoked by the Hippocratic oath, and all was peace again. If personal affinities to particular institutions, and the keenest rivalry between these institutions are freely acknowledged and indulged in without clashing or discordant din, without interrupting the calm pursuits of science, or weakening the bonds of friendship previously formed, much of these pleasing results is due to Kappa-Lambdaism. There have been misunderstandings which produced coolness—differences which led to temporary alienation—but never, we believe, was anger converted into that vile chronic malady of hatred; and, ere long, hearts throbbed equably under the old genial influence of professional association and personal regard.

The Kappa-Lambda Society did not last long: its mission was soon and successfully performed, but its effects and the spirit by which it was actuated, are more enduring, and to this day are largely felt, even by those who may be slow to acknowledge the source whence they are derived. Its archives were handed over not long after the termination of the North American Medical and Surgical Journal, to Dr. Henry Bond, the Secretary of the Society and also of the College of Physicians.

Nothing deterred by the epithet of "nefarious," as applied by the Brooklyn correspondent of the REPORTER to the "organization," which, as he alleges, "under the innocent pretence of a social gathering of congenial physicians," aims to rule both the profession and the hospitals of New York, we are free to acknowledge that we, too, old members of the

Kappa-Lambda Society of Philadelphia, who edited the Journal, have our social gatherings in the shape of a Club, which has held its weekly meetings at the houses of its members for a period of twenty-six years. This club, whose material regale consists of tea and coffee with bread and butter, and some plain cakes, and whose aims do not extend beyond conversation on the current topics of the day—political and ethical, literary and scientific, with a no inconsiderable dash of lighter matter, is innocent of any plot or intrigue for either the advancement of one party or individual, or the prostration of another. That no treason against the laws medical is concocted, we find proof in the fact that other medical gentlemen are always invited. They can bear testimony to the nature of these reunions, which have, indeed, been found to be so pleasant as to be imitated by younger members of the profession; and thus a general interchange of the amenities of life is kept up for the benefit and gratification of all.

We cannot dismiss the subject without alluding to the originally secret character of the Kappa Lambda organization, which was thought to be desirable until it had gained strength, and was able to resist the attempts which, it was feared, might be made by partisans of extreme sectional interests to trammel, if not to arrest entirely its course. The motive was good, the reason plausible, but, as the writer thinks, unsound; and he is convinced that no plan of legal and useful reform, whether in medicine or in law, in Church or in State, requires any such adventitious aid.

In the preceding desultory sketch of the Kappa-Lambda Society, of Philadelphia, we have made no revelations, nor told any thing that was not previously well known to a number of medical gentlemen, as well those who had been members, as others who had never belonged to it. The injunction of secrecy was not long enforced, and a knowledge of the entire scope and proceedings of the Society was obtainable, for the last thirty years, by all whose curiosity and interest prompted them to make inquiries with that view. What must be thought, then, of the intelligence, candor, and comity of a person, who writes from this city for a New York medical journal, and who, while professing to keep it apprized of medical politics and movements in the profession here, can exhibit such a degree of cool impudence as to indite the following paragraph:

"By the by, your exposition of the Kappa Lambdas of your city reminds me that there were, and doubtless are still such animals in our own. I know some names, busy lately in transactions congenial to such an association, which were formerly the names of recognized members of such a society

in our city. What would some learned author of this ilk think if we were to mention their names in this connection, as we very easily could? Does not the existence of this association point to certain persecuting transactions in our city during the last *several* years? We are inclined to think so!! Shakespeare, I think, says something about a whip to scourge such rascals through the world."

The only comment on this precious specimen of historical accuracy and epistolary refinement in speaking of men and things in Philadelphia, is to refer to the names of the gentlemen introduced in the preceding sketch, and to ask its readers whether they deserve to be called "animals," and "rascals." A lampoon may sometimes amuse by its wit or its point, but to neither of these can the scribbler, who usurps the honored name of "Seneca," lay the slightest claim. He has yet to learn, also, that the fictions with which he may seek to amuse must consist of better materials than a disregard of facts and calumnious assertions.

B ***.

News and Miscellany.

Professor Henry Vethake has been appointed to the chair of the Higher Mathematics in the Polytechnic College of this city.

Vermont Medical Society.—The annual meeting of the Vermont Medical Society was held at Montpelier, on the 26th and 27th ult. There was a large attendance of members, and the proceedings were full of interest.

Sir James Clarke, the eminent London physician, has just retired from his office of personal physician in daily attendance on the Queen. He has had charge of the health of the Queen for twenty-seven years, since her girlhood. Advanced age and ill health are the reasons for the retirement.

Chicago College of Pharmacy.—We have received the announcement of the first annual course of lectures in this institution, commencing on Wednesday evening, Nov. 9th, and continuing twenty weeks. The Faculty are—James V. Z. Blaney, M. D., Professor of Chemistry; F. Scammon, M. D., Professor of Pharmacy, and John H. Rauch, M. D., Professor of *Materia Medica*. The fees are very low.

We are very happy to be able to make this announcement, as we are always pleased with any evidence of progress in a branch of science so closely allied as is that of Pharmacy to the medical profession.

A confirmed opium-eater, in Rochester, has dropped the filthy habit. He is now an old man of seventy, and for four years he has not used the drug in any shape, though before that he had been an opium-eater for forty years. When he commenced breaking himself of the habit, he was using the opium at the rate of eighty grains per day, and it took him about two years to accomplish his purpose.

Plans for the erection of a new hospital on an extensive scale, have been adopted by the City Council of Cincinnati.

Dr. Butler has entered upon his duties as Chief Resident Physician of the Philadelphia Hospital for the Insane.

Dr. Edmund Davy, Professor of Agricultural Chemistry in the Royal Dublin Society, has discovered that arsenic, as it exists in the different artificial manures, (such as superphosphate) will be taken up by the plants growing where the manures have been applied, in such quantities as in time to exercise an injurious effect on men and animals consuming them.

The British Consul at Honolulu is raising subscriptions for the erection of a monument to Captain Cook at Kealakeakua Bay, on the spot where he fell. After a local subscription has provided for a granite obelisk, he suggests an appeal for subscriptions "throughout the world" to erect on Diamond Head, or elsewhere, a memorial in some degree more commensurate with Cook's fame.

There were only 152 interments in this city during the week ending on Saturday last—males 82, females 71; boys 48, girls 38. Considering the population, there is not a healthier city in the world, and as a place of residence certainly not a more delightful one.

The Almshouse at North Weymouth, Mass., was destroyed by fire on the 24th ult., and two insane paupers, named Hayden and Terrell, perished in the flames. Loss \$6,000.

Still Another Searching Expedition for the Franklin party is proposed. The design is to follow their track, which is now known, along the Great Fish river, as it is said that game is so abundant in that region that the whole company, numbering one hundred and fifty, could not have perished.

The State Geologist of Texas has announced the discovery of vast bodies of iron ore, as well as tertiary coal or lignite, beds of limestone, pipe clay, fire-rock, and hydraulic limestone, in the region of country immediately south of Harrison county, in that State.

Prospective Astronomical Discoveries.—M. Leverrier, the discoverer of Neptune, has been engaged lately in studying the aberrations of the planet Mercury. He concludes that they are due to the existence of small asteroids, and urges his brother astronomers to assist him in a search for them. The total eclipse of the sun, which will take place in July, 1860, will afford an extraordinarily favorable opportunity for this, photography affording a means of recording instantaneously whatever phenomena may appear.

Width of the Mississippi.—The Mississippi river, above the mouth of the Missouri, averages 3,600 feet in width. From there to the mouth of the Ohio it averages 3,200 feet; from the Ohio to the Arkansas, about 3,000 feet; from the Arkansas to the Red river, about 2,700 feet; and from the Red river to the Gulf of Mexico, the average width is about 2,100 feet. Yet with this constant narrowing of the river the volume of water to be discharged is constantly increasing. Hence, it is contended, come those bayous which start out of the river and lead away into the swamps, and down in various directions to the Gulf.

The piles under London bridge have been driven 500 years; and on examining them in 1845, they were found to be little decayed. They are principally elm. Old Savoy place, in the city of London, was built 650 years ago, and the wooden piles, consisting of oak, elm, beech, and chestnut, were found, upon recent examination, to be perfectly sound. Of the durability of timber in a wet state, the piles of the bridge built by the Emperor Trajan over the Danube afford a striking example. One of these piles was taken up, and found to be petrified to the depth of three-quarters of an inch, but the rest of the wood was not different from its former state, though it had been driven 1600 years.

A commission de lunatico inquirendo has been appointed by Judge Gould, in the case of Mrs. Blandina Dudley, of Albany, in view of the alleged recent singular disposition made by her of her property.

A Physician's Certificate.—The following certificate of a physician is copied from the New York *Courier des Etats Unis*:

"I, the undersigned, hereby certify that Mrs. X. died of an unknown disease of which I had cured her, but owing to her great age, she was not able to bear up through the state of convalescence, and died in consequence."

Many of the beautiful and classic streams of England, as the Avon, which was once limpid and bright, are now disfigured by the growth of the *anachasis*, an exotic water weed, which has taken root and spread with immense rapidity all along their banks.

Parrish's School of Pharmacy is conducted by Mr. E. Parrish, as lecturer, and Mr. J. M. Maisch, superintendent of the practical department. Instruction in practical pharmacy is given, in connection with a laboratory for practical and analytical chemistry, such as is essential to every educated physician. The more complex analyses, organic and toxicological are illustrated.

Each student has, at times convenient to him, an opportunity of practicing chemical and pharmaceutical manipulations, and of becoming familiar with the sensible properties of officinal articles. In this manner a vast amount of important information, which cannot be elsewhere so conveniently obtained, is with facility acquired.

This institution has been popular for the last ten years, and is worthy the attention of every student who is endeavoring to acquire a thorough medical education.

There are within the limits of the city of Selma, (Ala.) fourteen artesian wells, which have an average depth of about four hundred feet, several of them throwing volumes of water to the extent of 600 gallons per minute. . . . The grape crop of Ohio is said to be larger this year than it has been since 1851. The quantity of wine made in the State will be very large. Longworth's vineyards will yield from six to nine hundred bushels of grapes to the acre. . . . The "American Institute," located in New York, well known on account of its annual industrial fairs, has a library of 10,000 volumes. . . . Dr. Kotschy, a distinguished orientalist, is engaged in making explorations in parts of Asia Minor not hitherto reached, or which have been overlooked by travellers. . . . A young Frenchman, M. Duveyrier, has set out from Algiers

for the interior of Africa, across the great desert, with a view to investigate its physical geography. At last accounts M. Duveyrier was already far beyond the French outposts, and had been well received by the native chiefs.

Errata.—By a singular misapprehension, the proof of the article in last week's number of the *REPORTER*, on "Infibulation," was not read at all, and was consequently full of gross errors, which we must trust now to our readers to correct.

To Correspondents.

Traveler.—The English Registration Act does not prevent any who choose from practising, but makes penal the false assumption of the titles of Doctor, Surgeon, or "Registered." No one with a foreign degree is acknowledged by the Registration Act, without first undergoing an examination. Persons not registered are disqualified from recovering fees by law, and cannot hold public medical appointments.

Dr. S., Philadelphia.—The object of the Woman's Hospital, New York, is the treatment of diseases peculiar to females. It has no medical class.

Practitioner.—The requisites for membership in the Philadelphia County Medical Society are residence in the county, graduation three years previously, then a proposition for membership by three members of the Society, and if elected, paying an initiation fee of two dollars, making the declaration to comply with the regulations of the Society, and signing the constitution.

G. M. E., Ga.—Instruments such as you require can be had in this city, of equal quality and finish to any which you can import, and at less expense. If imported, the cost of carriage and a duty of thirty per cent. would be added to the original cost.

COMMUNICATIONS RECEIVED.—*Delaware*, Drs. Lump and Jones—*Georgia*, Dr. V. H. Tallafro—*Indiana*, Dr. L. D. Personett, (with encl.)—*Kentucky*, Dr. R. A. Gibney, (with encl.), Dr. G. W. Ronald, (with encl.)—*Louisiana*, Dr. N. B. Benedict, Dr. Wm. H. Goode—*Massachusetts*, Dr. Francis Johnson, (with encl.)—*New Jersey*, Dr. W. Johnson, Dr. Geo. F. Fort—*New York*, Dr. O. C. Gibbs, Tilden & Co., "Gotham," Dr. Wm. G. Meacham—*Ohio*, Dr. P. W. Clark, (with encl.)—*Pennsylvania*, Mr. J. Hulme, Dr. G. W. Smith, (with encl.)—*Tennessee*, Dr. J. L. Davis, (with encl.)

Office Payments.—Dr. M. McClenahan, (adv.) Dr. M. O'Hara.

MARRIAGES.

FORBES—SIMS.—In this city, on Thursday evening, Nov. 2d, by the Rev. Alexander H. Vinton, D. D., William S. Forbes, M. D., and Celanire B., daughter of John C. Sims, all of this city.

FULLGRAFF—HYDE.—Nov. 5th, in New York, by Rev. Geo. C. Pennell, Otto Fullgraff, M. D., and Mary Hyde, both of that city.

LINES—HUBBARD.—In Rochester, October 25th, by Rev. Geo. S. Gurney, Leverett H. Lines, M. D., of New York city, and Miss Christina Hubbard of Rochester.

DEATHS.

BAYLEY.—In New York, the 7th instant, Guy Carleton Bayley, M. D., in the 74th year of his age.

TIFFIN.—Dr. Clayton Tiffin, who was a surgeon in the United States Army in 1810, died at New Orleans on the 12th of October.

ADVERTISEMENTS.



**JOHN F. ORD, MANUFACTURER OF
THE PATENT METALLIC SKELETON ARTIFICIAL LEG,**

No. 31 North Ninth st., below Arch st.

PHILADELPHIA, June 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind I have ever seen in Europe or America.

WILLIAM GIBSON, M. D.

Emeritus Professor of Surgery in the University of Penna. The following Report, shows conclusively, the opinion entertained of this leg, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 315.) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior* to the *Patent Skeleton Leg*, (No. 317.) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet, (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

<i>First</i> —To Messrs. Yerger & Ord, for their <i>Skeleton Metalic Leg</i>	First Premium.
<i>Second</i> —To the same for their Improvements in Club Foot Apparatus.....	Second Premium.
PAUL B. GODDARD, M. D.	J. P. BETHELL, M. D.
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J. M. WALLACE, M. D.

In addition to the above strong recommendations, over three hundred original certificates are on file in the office.

Pamphlets and directions for measure sent on application as above.

JOHN F. ORD.
N. B.—Surgical apparatus for every variety of deformity made to order.

159

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1859-60.

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J. H. MCQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUESSEROTT, D.D.S.

Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.

Professor of Dental Physiology and Operative Dentistry.

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